

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

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|------------------------|--------------------------|
| Application Number | U.S. Pat. No. 09/134,419 |
| Filing Date | 14 Aug 1998 |
| First Named Inventor | Ross |
| Art Unit | 1623 |
| Examiner Name | Patrick. Lewis, T. |
| Attorney Docket Number | 23138-S |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 41672

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

- This withdrawal is at the request of the client GliaMed, Inc. and was not the intent of the practitioner.
- All electronic or digital files have been transferred. Transfer of paper archival files is underway.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or
Assignee name GliaMed, Inc.

Address 3960 Broadway

| | | | |
|---------------|----------------|-----------|-------------|
| City New York | State New York | Zip 10032 | Country USA |
|---------------|----------------|-----------|-------------|

| | | |
|-----------|----------------|------------------------------|
| Telephone | (212) 543-0444 | Email dweinstein@gliamed.com |
|-----------|----------------|------------------------------|

I am authorized to sign on behalf of myself and all withdrawing practitioners.

| | |
|-----------|----------------|
| Signature | /Sander Rabin/ |
|-----------|----------------|

| | |
|------------------------|----------------------------|
| Name Sander Rabin | Registration No. 53,498 |
|------------------------|----------------------------|

Address 125 High Rock Avenue

| | | | |
|-----------------------|----------|-----------|-------------|
| City Saratoga Springs | State NY | Zip 12866 | Country USA |
|-----------------------|----------|-----------|-------------|

| | | |
|------|----------|---|
| Date | 07/17/08 | Telephone No. 518 527 8785 3960 Broadway |
|------|----------|---|

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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